

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-015798**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4317

Registrar's No. 140

**FILED MAY 6 1963**

VS 300  
Rev. 4/59

1 0420

2 0420

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4 1

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12 90-2

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Urich</u>		c. CITY OR TOWN <u>Urich</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. H. H. Home</u>		d. STREET ADDRESS (If outside, give location) <u>Urich</u>	
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>E.</u> Last <u>Emick</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-21-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u>
13a. FATHER'S NAME <u>Thomas W. Mells</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT <u>Leo E. Ruper</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis.</u> DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>A-V heart block</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>3 mo</u> <u>3 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:50</u> a.m. <u>7:50</u> p.m. <u>7:50</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 2</u> to <u>May 1</u> and last saw her alive on <u>April 27, 63</u> Death occurred at <u>7:50</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Clinton mo</u>	
22c. DATE SIGNED <u>5/2/63</u>			
23a. BURIAL, CREMATION, OR REMOVAL <u>5-3-1963</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u>	23d. LOCATION (City, town, or county) <u>Urich mo</u>
24. FUNERAL DIRECTOR <u>W. J. Brown</u> ADDRESS <u>Urich Mo</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 2-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT-BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*R. R. Kenney*

Licensed Embalmer No.

*3099*

P. O. Address

*Clinton MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

5-2-63

(M.B.)